

Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing RECEIVED Official Use City

JAN 29,2015

COVER PAGE IVED PRACTICES COMMISSION

MORRIS DOROTHY STITULE STITULE STITULE STITULE	NAME OF FILER (LAST)	2015 MAR - 5 PM 1: 1.8 QUIDDEF ANGELS
Agency Name (Do not use acronyms) CITY OF ANGELS Division, Board, Department, District, if applicable CITY COUNCIL If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: CALAVERAS COUNCIL OF GOVERNMENTS Position: BOARD MEMBER 2. Jurisdiction of Office (Check at least one box) State Judge or Court Commissioner (Statewide Jurisdiction) Multi-County City of ANGELS 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2014, through December 31, 2014. The period covered is, through December 31, 2014. Assuming Office: Date assumed, through December 31, 2014. Assuming Office: Date assumed, through Candidate: Election year and office sought, if different than Part 1: 4. Schedule Summary Check applicable schedules or "None." Schedule A-1 - Investments - schedule attached Schedule A-2 - Investments - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached	MORRIS	
CITY OF ANGELS Division, Board, Department, District, if applicable CITY COUNCIL If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: CALAVERAS COUNCIL OF GOVERNMENTS Agency: CALAVERAS COUNCIL OF GOVERNMENTS Position: BOARD MEMBER Judge or Court Commissioner (Statewide Jurisdiction) Multi-County City of ANGELS Type of Statement (Check at least one box) Annual: The period covered is January 1, 2014, through December 31, 2014. The period covered is, through December 31, 2014. Assuming Office: Date assumed, through December 31, 2014. Candidate: Election year and office sought, if different than Part 1: Schedule Summary Check applicable schedules or "None." Schedule A-1 - Investments - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached	1. Office, Agency, or Court	
Division, Board, Department, District, if applicable CITY COUNCIL VICE MAYOR ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: CALAVERAS COUNCIL OF GOVERNMENTS Position: BOARD MEMBER 2. Jurisdiction of Office (Check at least one box) State Multi-County City of ANGELS 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2014, through December 31, 2014. The period covered is, through December 31, 2014. Assuming Office: Date assumed, through December 31, 2014. Assuming Office: Date assumed, through Candidate: Election year and office sought, if different than Part 1: 4. Schedule Summary Check applicable schedules or "None." ▼ Schedule A-1 - Investments – schedule attached Schedule D - Income – Gifts – schedule attached Schedule D - Income – Gifts – schedule attached Schedule D - Income – Gifts – schedule attached	Agency Name (Do not use acronyms)	
CITY COUNCIL VICE MAYOR	CITY OF ANGELS	
Agency: CALAVERAS COUNCIL OF GOVERNMENTS Agency: CALAVERAS COUNCIL OF GOVERNMENTS Position: BOARD MEMBER 2. Jurisdiction of Office (Check at least one box) State Multi-County City of ANGELS Jurisdiction of Office (Check at least one box) Annual: The period covered is January 1, 2014, through December 31, 2014. The period covered is, through December 31, 2014. Assuming Office: Date assumed, through December 31, 2014. Assuming Office: Date assumed, through December 31, 2014. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office.	Division, Board, Department, District, if applicable	Your Position
Agency: CALAVERAS COUNCIL OF GOVERNMENTS Position: BOARD MEMBER 2. Jurisdiction of Office (Check at least one box) State Multi-County ANGELS Judge or Court Commissioner (Statewide Jurisdiction) County of Other 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2014, through December 31, 2014. The period covered is, through December 31, 2014. Assuming Office: Date assumed, through December 31, 2014. Assuming Office: Date assumed, through the date of leaving office. Candidate: Election year and office sought, if different than Part 1: 4. Schedule Summary Check applicable schedules or "None." Schedule A-1 - Investments – schedule attached Schedule D - Income – Gifts – schedule attached Schedule D - Income – Gifts – schedule attached	CITY COUNCIL	VICE MAYOR
2. Jurisdiction of Office (Check at least one box) State Judge or Court Commissioner (Statewide Jurisdiction) Multi-County City of ANGELS Other 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2014, through December 31, 2014. The period covered is, through December 31, 2014. Assuming Office: Date assumed, through Leaving office. Assuming Office: Date assumed, through the date of leaving office. Candidate: Election year and office sought, if different than Part 1: 4. Schedule Summary Check applicable schedules or "None." Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule D - Income - Gifts - schedule attached	▶ If filing for multiple positions, list below or on an attachmen	• •
State	Agency: CALAVERAS COUNCIL OF GOVERNM	MENTS BOARD MEMBER
Multi-County County of City of ANGELS Other Other	2. Jurisdiction of Office (Check at least one box)	
City of ANGELS	☐ State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
City of ANGELS	Multi-County	County of
3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2014, through December 31, 2014.	- ,	- ,
Annual: The period covered is January 1, 2014, through December 31, 2014. The period covered is/, through December 31, 2014. The period covered is/, through December 31, 2014. Assuming Office: Date assumed/, through the date of leaving office. The period covered is January 1, 2014, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is January 1, 2014, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is January 1, 2014, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is January 1, 2014, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is January 1, 2014, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through	(E) Only of	
December 31, 2014. (Check one) The period covered is	3. Type of Statement (Check at least one box)	
The period covered is		
the date of leaving office. Candidate: Election year and office sought, if different than Part 1:	The period covered is	, through O The period covered is January 1, 2014, through the date of leaving office.
4. Schedule Summary Check applicable schedules or "None." ► Total number of pages including this cover page: Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Positions – schedule attached Schedule D - Income – Gifts – schedule attached	Assuming Office: Date assumed/	The period covered is/, through the date of leaving office.
Check applicable schedules or "None." ► Total number of pages including this cover page: Schedule A-1 - Investments – schedule attached □ Schedule C - Income, Loans, & Business Positions – schedule attached □ Schedule D - Income – Gifts – schedule attached	Candidate: Election year and o	office sought, if different than Part 1:
Check applicable schedules or "None." ► Total number of pages including this cover page: Schedule A-1 - Investments – schedule attached □ Schedule C - Income, Loans, & Business Positions – schedule attached □ Schedule D - Income – Gifts – schedule attached	4. Schedule Summary	_
Schedule A-2 - Investments – schedule attached Schedule D - Income – Gifts – schedule attached		► Total number of pages including this cover page:
Schedule A-2 - Investments – schedule attached Schedule D - Income – Gifts – schedule attached	Schedule A-1 - Investments - schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
☐ Schedule B - Real Property - schedule attached ☐ Schedule E - Income - Gifts - Travel Payments - schedule attached	Schedule A-2 - Investments – schedule attached	
	Schedule B - Real Property - schedule attached	☐ Schedule E - Income - Gifts - Travel Payments - schedule attached
OF	□ None No.	
□ None - No reportable interests on any schedule		eportable interests on any scriedule
5. Verification		OTAL TIP COOF
Date Signed 1/29//5 (month, day, year)	, ,	

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION		
Name		
Dorothy E. Morris		

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
METLIFE, INC.	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
STOCK INSURANCE CO.	
FAIR MARKET VALUE	FAIR MARKET VALUE
2 \$2,000 - \$10,000 1 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	(Describe) Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
<u> </u>	
	//
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
INAME OF BUSINESS ENTITY	INAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
[] \$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other(Describe)
Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	/ / 14 / / 14
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
	• •
Comments:	